

CFS-40-I

CHILD ABUSE AND NEGLECT

INVESTIGATION REPORT

INSTRUCTIONS

JANUARY 2002

GENERAL INSTRUCTIONS

A CFS-40 form is to be submitted to the Department of Health and Family Services, Division of Supportive Living for every alleged child abuse and neglect report received by your agency within ten working days of completion of the investigation assessment.. Investigations are to be completed within 60 days of the receipt of the report. Completion of this form fulfills the s.48.981(3)(c)8 requirement that county departments provide the department with information about each report that it receives.

**Submit the completed CFS-40 forms to: Department of Health and Family Services
Division of Supportive Living
P.O. Box 7851, Room 518
Madison, WI 53707-7851**

Information collected from the CFS-40 reports provide the department, counties, the state legislature and the federal government with statewide data on the severity and incidence of child abuse and neglect allegations, disposition of cases, as well as information on workload implications for child protective services in the state.

Recommended Procedures

1. Social workers responsible for the investigation should submit this form to the supervisor or supervisor designee for signature immediately upon completion of the investigation.
2. Maintain a log or a duplicate of the county copy of the CFS-40 form in a central county file.
3. File a county copy of the CFS-40 in the family service file.
4. Submit the white copy of the CFS-40 form to the address indicated above immediately upon completion of the investigation. Standards indicate that investigations be completed within 60 days of your agency's receipt of the report.
5. Assure that copies of the instructions for completing the CFS-40 are available and are reviewed with each person responsible for completion of this form.

Instructions for Ordering Forms

A Forms / Publications Requisition, DMT-25, must be filled out to order forms from the Division of Children and Family Services. To avoid problems with filling the request, be sure to indicate the quantity desired, the form number and the form title. Fill in your name and address in the "SHIP TO" area of the requisition, which will become your shipping label. Request the CFS-40 for forms; for instruction booklets, request the CFS-40-I.

**Send your completed requisition to: State of Wisconsin
Department of Health and Family Services
Division of Children and Family Services
ATTN: Forms Manager
P.O. Box 8916
Madison, WI 53708-8916**

REPORTING INSTRUCTIONS

CAN INVESTIGATION ID (Field 1)

REQUIRED

- ENTER: Any combination of numbers and letters up to 13 characters to identify this investigation.
- Independent investigations: Check the box in Field 1 to indicate when an investigation is an independent investigation. The home agency should assign this identifier.
- EDITS: None
- NOTES: Counties commonly have set up a systematic way to use this number to track the number of investigations / CFS-40's they send to the state. It is common for counties to use systems such as using the year, log number and first four letters of the last name as the CAN ID; e.g., 95-01, 95-02 or 95-01brow, 95-02smit, 95-03 john, 95-04.
- DEFINITION: This is a locally assigned number to identify the investigation (case) for the agency and for the state to facilitate data processing.

WORKER NUMBER (Field 2)**REQUIRED**

ENTER: A ten digit code for the worker who is responsible for the CAN investigation.

CODES: Worker numbers as assigned in HSRS.

EDITS: Must be 10 numbers.

NOTES: If you are a worker who is conducting an assigned independent investigation for another county agency (investigating agency), enter your own assigned number here.

DEFINITION: This is the person having the responsibility for completing the CAN investigation.

REPORTING UNIT (Field 3)

REQUIRED

ENTER: Enter the four digit code to designate the reporting unit (home agency) which received the original report.

CODES: Agency codes as assigned in HSRS.

EDITS: Must be four numbers.

NOTES: If a worker is making an independent investigation, enter the agency code of the referring (home) agency.

DEFINITION: This is the identification number assigned to the reporting unit (home agency) responsible for submitting this information to the State.

DATE REPORT RECEIVED (Field 4)**REQUIRED**

ENTER: A six digit number in the format, month, day, year; e.g., January 29, 1997 is entered as 012997.

EDITS: Must be six numbers.

NOTES: The report may be made in person or by phone by the individual reporting the alleged maltreatment. Reports may also be made by a law enforcement agency, hospital, coroner, other agencies, etc.

DEFINITION: This is the date the agency first heard of this alleged maltreatment.

REPORTER (Field 5)

REQUIRED (1st)

REQUIRED IF APPLICABLE (2nd and 3rd)

ENTER: A two digit code to indicate the person(s) reporting this incident to your agency.

CODES: See next page.

EDITS: Must be a valid code, if entered.

NOTES: This element has three areas to enter a code. The first entry is required and is the code for the first person to report this incident to your agency. The other two entries should be used **only** if other persons subsequently report the same type of maltreatment **during** the course of this investigation. If the same or other persons report another type of maltreatment or a new / different incident, a separate CFS-40 form must be completed. For each new report of child abuse or neglect, the assigned worker must adhere to time frames and protocols as outlined in the Investigation Standards. For example, a teacher reports an alleged abused child in her class and later the parent takes the child to a physician and the physician also reports the allegation of physical abuse to you. The coding would be the code for the teacher in the first space and the code for the physician in the second.

DEFINITION: This is the person(s), by occupation, relationship, etc., who reported this allegation of maltreatment to your agency.

REPORTER CODES: PERSONS REQUIRED TO REPORT

- 11 Teacher
- 12 School counselor
- 13 School administrator

- 21 Mental health professional
- 22 Social worker
- 23 Public assistance worker
- 24 AODA counselor
- 25 Mediator

- 31 Child care worker in day care center
- 32 Home day care provider

- 61 Child care worker in child caring institution

- 41 Physician
- 42 Nurse
- 43 Coroner or medical examiner
- 44 Dentist
- 45 Optometrist
- 46 Chiropractor
- 47 Physical therapist
- 48 Occupational therapist
- 49 Speech therapist / Audiologist
- 50 Emergency medical technician
- 51 First responder
- 52 Other medical professional
- 53 Acupuncturist
- 54 Dietician

- 71 Law enforcement

PERSONS WHO MAY REPORT

- 81 Maltreater
- 82 Child victim
- 83 Parent of child victim

- 88 Grandparent of child victim
- 84 Other relative of child victim
- 85 Other caregiver of child victim
- 86 Neighbor / friend

- 91 Anonymous
- 92 Other - (mandated or non-mandated)

ABUSE AND / OR NEGLECT REPORTED (Field 6)

REQUIRED (1st)

REQUIRED IF APPLICABLE (2nd - 4th)

ENTER: The two digit code(s) which represents the type of abuse and / or neglect which was reported.

CODES: See below.

EDITS: Must be a valid code, if entered.

NOTES: This element has four areas to enter a code. The first entry is required. The other entries should be made only if more than one type of abuse or neglect is alleged / reported.

DEFINITIONS: This is the type(s) of abuse and / or neglect of any child included on this form as reported to the home agency by the reporter.

CODES: ALLEGATIONS OF TYPE OF MALTREATMENT

11 Physical abuse

Sexual Abuse

21 Sexual contact / intercourse

22 Sexual exploitation

23 Prostitution

24 Forced viewing of sexual activity

25 Mutual sexual activity involving minor(s) (indicates no specified maltreater)

26 Other sexual abuse (i.e.; Ch. 948.10 - Exposing genitals or pubic area)

Neglect

31 Neglect - general lack of care; e.g., medical care, hygiene, unsafe or unhealthy living conditions, nutrition, shelter

32 Medical neglect of a disabled infant (Baby Doe)

33 Lack of supervision - leaving a child alone or with an inadequate caretaker

34 Abandonment

35 Failure to thrive

41 Emotional damage

51 Circumstances and conditions that justify a belief that abuse or neglect is likely to occur. Use this code for the reportable condition of reason to believe that a child has been threatened with abuse or neglect and that abuse or neglect will occur.

61 Unborn child abuse

DATE OF INITIAL FACE-TO-FACE CONTACT WITH A FAMILY MEMBER INCLUDING THE CHILD (Field 7)

REQUIRED

- ENTER: A six digit number is the format month, day, year; e.g., April 15, 1996 is entered as 041596.
- EDITS: Must be six numbers. Must be the same as or after Date Report Received and must be before or the same as the Date Investigation Completed.
- NOTES: All investigations of reports alleging that someone has maltreated a child must, by statute, be conducted in accordance with the appropriate CPS Investigation Standard. See the "Child Protective Service Investigation Standards" for specific information on contacts which are required during the course of an investigation. For investigations of Primary Caregivers the law states that these investigations must include observation of or an interview with the child, and if possible, an interview with the child's parents, guardian or legal custodian. If the person alleged to have maltreated the child continues to reside in the same dwelling, the investigation must, by law, also include a visit to that home. **All Primary Caregiver cases must receive an initial face-to-face contact within five working days of receipt of the report into the agency. Allegations of maltreatment by a foster parent must receive an initial face-to-face contact within three working days.** (Child Protective Services Investigation Standards) For alleged maltreatment by Secondary or Non-caregivers the statutes set different requirements for contacts of family members depending upon whether the alleged maltreater has continued access to the child.
- Use code 888888 for a not applicable situation.
- DEFINITION: "Date of initial face-to-face contact with a family member including the child" is the date that the worker assigned to assess initial safety and / or conduct an initial assessment first saw a member of the family as indicated in the CPS Investigation Standards in relation to this reported maltreatment.

FAMILY CHARACTERISTICS / CONDITIONS (Field 8)

REQUIRED IF APPLICABLE

- ENTER:** A two digit code(s) which describes characteristics and conditions observed or information gathered during the investigation about the family alleged to be involved in maltreatment of a child(ren). Enter up to three codes. If more than three appear to be applicable choose the most significant conditions.
- EDITS:** Must be a valid code.
- NOTES:** This element is to be assigned a characteristic / condition only when the alleged maltreatment occurred by a caregiver within the family or when information gathered in an investigation of a secondary caregiver or a non-caregiver suggests that there may be parental contribution. Other cases should be assigned a value of 88 as "Not Applicable."
- DEFINITION:** Information gathered during the course of the investigation about factors or conditions existing within the family which may represent needs of families alleged to be maltreating or in which there is a belief that maltreatment is likely to occur; circumstances or conditions which justify a belief that maltreatment will occur.
-
- 60 Alcohol and drug abuse by caregiver - both are apparent / significant
61 Alcohol abuse by caregiver - no drugs apparent / significant
62 Drug abuse by caregiver - no alcohol abuse apparent / significant
- 63 Domestic violence among adults in household
64 Chaotic / disorganized / crisis lifestyle of caregiver(s)
65 Life crises / or external stressor affecting caregiver
66 Developmental disability of caregiver
67 Diagnosed mental illness of caregiver
68 Serious illness or physical disability that affects caregiver capacity
69 Unresolved history of trauma which affects caregiver
70 Blurred roles and boundaries within family; e.g., parentified child or child identified as sexual partner
- 71 Inadequate or substandard housing, or problems maintaining housing
72 Poor / violent neighborhood conditions
73 Homeless
- 74 Single parent household
- 75 Partner / friend or non-family members present / residing in household which may pose a concern due to their needs, behaviors or lifestyles
- 76 Social isolation / lack of support systems
- 77 Heavy child care responsibility; e.g., several young children or a large family
78 Child with special needs; e.g., illness, physical or developmental disability
79 Inadequate child care
- 80 Lack of motivation, skill or knowledge in parenting
- 81 Unemployment
82 Employed - poverty level
83 Other financial stress; e.g., inability to manage finances, or demands on finances create stress, such as, medical bills, bankruptcy, child support, owes taxes, etc.

FAMILY CHARACTERISTICS / CONDITIONS (Field 8) - continued

- 84 Other
- 85 None observed
- 88 Not applicable - no allegation / concern relating to primary caregiver / parental contribution

DATE INVESTIGATION COMPLETED (Field 9)

REQUIRED

- ENTER:** A six digit number in the format month, day, year; e.g., September 14, 1996 is entered as 091496. This field should be entered by the supervisor or agency designee upon supervisory approval of case decisions and documentation.
- EDITS:** Must be six numbers. Must be the same as or after the Date Report Received and the same as or after the Date of Initial Contact With a Family Member.
- NOTES:** This date and the Date Report Received may be used to judge timelines for completing an investigation. Statutes require that investigations be completed within 60 days.
- DEFINITION:** This is the date the investigation of the alleged maltreatment is completed. An investigation is complete when all of the required information, documentation and notifications are completed as directed by the "Child Protective Service Investigation Standards."

CHILD PROTECTIVE SAFETY SERVICES INITIATED (Field 10)

REQUIRED (1st)

USE OTHERS AS APPLICABLE (2nd - 4th)

ENTER: A two digit code to designate any safety services planned or initiated for the family. See also Investigation Disposition for other service activity.

CODES: See below.

NOTES: This element has four areas to enter a code. The first entry is required. Enter **10** for out-of-home care as safety plan; the appropriate service code under "Child remaining in the home" (in-home safety services); or **88** if no safety service is needed or provided.

If safety services are provided for a child(ren) remaining in the home, you may enter up to **four** codes to show the types of in-home safety services being provided. If more than four safety services are provided, enter the four that are judged to be most critical for protection of the child.

If through safety analysis the agency decision is that the children are safe, and there are no safety needs, enter 88 in this coding area and do not enter any other service which may be offered to the family in this code area. If other services that are not necessary for safety are offered to a family for reasons other than for controlling safety enter them in the investigation disposition area, Field 26; e.g., agency observes family stress due to various family conditions and refers the family for respite care services so that they can have the time to deal with their needs and alleviate their stress or the family is being served for other reasons; e.g., juvenile delinquency and safety of the child is not the primary concern for the family.

Up to four safety services may be entered if the agency is providing these services to a family for reasons of controlling safety for the child(ren).

DEFINITION: During the course of the investigation, for some investigation standards, the worker is to consider whether the reported child or any other children in the home are at immediate risk of serious maltreatment, and, thus, are unsafe. If a child is unsafe, the record should contain a plan of action, based on professional judgement, which is intended to manage known client / family conditions which, if left unattended, may endanger the child or children. Enter safety services in this coding area that are a part of the plan of action to control for safety of the child(ren) if there is a need for these services. For more information see the Wisconsin CPS Investigation Standards.

CHILD PROTECTIVE SAFETY SERVICES INITIATED (Field 10) - continued

CODES

10 Out of home care

Safety services for a child remaining in the home including:

- 21 Supervision / observation
- 30 AODA services
- 31 Mental health services
- 32 Hospitalization
- 34 Medical care
- 40 Day care
- 41 Respite care
- 42 Child oriented activity
- 43 Unique child condition service
- 50 Basic home management / life skills
- 51 Basic parenting assistance - parent aide / homemaker
- 52 Chore services - parent aide / homemaker
- 60 Transportation
- 61 Food / clothing service
- 62 Housing
- 63 Financial services
- 70 Family crisis counseling
- 71 Social / emotional support
- 72 Individual crisis counseling
- 73 Other service

88 No safety service

LOCAL INFORMATION (Field 11)

OPTIONAL

ENTER: Any combination of numbers or letters up to 12 characters.

EDITS: None.

NOTES: This field is reserved for data which the agency may wish to enter for their own purposes on this reporting system.

DEFINITION: Locally defined.

AGE (Field 14, Field 18)**REQUIRED**

ENTER: The appropriate two digits to represent the age of the person.

CODES: 00 - 99
00 = under one year of age
99 = age is unknown

EDITS: Must be a valid code.

NOTES: The age entered should be the age of the person at the time the report was received by your agency.

The maltreater age may be estimated. If unable to make an estimation, enter code 99 unknown.

DEFINITION: This is the age of each person involved in the maltreatment. Age entered must be a whole number. If child is under the age of 1, enter 0. Cases of unborn child abuse, child must be recorded as 0.

SEX (Field 15, Field 19)**REQUIRED**

ENTER: Must be a valid code.

NOTES: The code U may only be used when critical sources of information cannot be located such as when the subjects of the report cannot be found or accessed.

DEFINITION: Self-explanatory.

ETHNICITY (Field 16, Field 20)

REQUIRED

ENTER: The code representing the race or ethnicity of the person. *Only one code may be entered.*

CODES: A = Asian
 B = Black / African American
 I = American Indian / Alaskan Native
 N = Native Hawaiian or Other Pacific Islander
 U = Unknown
 W = White

EDITS: Must be a valid code.

NOTES: For all persons, including those of mixed racial or ethnic background, the ethnic group to be reported is determined by the person. The code "U" may only be used when critical sources of information cannot be accessed and the information is not available.

DEFINITION: This is the race or ethnicity of the person. These classifications are uniform throughout the Wisconsin Department of Health and Family Services and have been negotiated between the DHFS Affirmative Action / Civil Rights Compliance Office and the various federal Offices of Civil Rights.

CODES: W = **WHITE:** A person of European, North African, or Middle Eastern origin.

 I = **AMERICAN INDIAN / ALASKAN NATIVE:** A person having racial origins in any of the original peoples of North and South America (including Central America), and who maintains tribal or community affiliation.

 A = **ASIAN:** A person having racial origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent, including, for example, Cambodia, China, Guam, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

 B = **BLACK / AFRICAN AMERICAN:** A person whose ancestry is any of the black racial groups of Africa.

 N = **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having racial origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

 U = **UNKNOWN:** Subjects of the report cannot be located and this information is not available.

HISPANIC OR LATINO (Field 20)

REQUIRED

ENTER: The code indicating whether or not the person is of Hispanic or Latino cultural origin.

CODES: Y = Yes
 N = No

EDITS: Must be a valid code.

DEFINITION: A Mexican, Puerto Rican, Cuban, Central or South American person, or person of other Spanish cultural origin, regardless of race. Whether a person is Hispanic is determined by how others define him or by how he defines himself.

DISABILITY (Field 21)

REQUIRED IF APPLICABLE

ENTER: A two digit code to represent a disability which has been determined for the child.

CODES:

11	Physical disability
12	Cognitive or learning disability
13	Social / emotional disability
14	Developmental delay
15	Sensory impairment (vision or hearing)
88	No known disability

EDITS: Must be a valid code, if entered.

NOTES: This element is to be completed only if the child has a disability. Up to three entries are allowed.

DEFINITION: This is a disability which may increase this child's vulnerability to abuse or neglect. Enter regardless of whether the person completing the investigation sees this as a contributing factor to the abuse or neglect.

INJURIES OR INDICATORS OF MALTREATMENT (Field 22)

REQUIRED

ENTER: The two digit code which represents information gathered during the course of the investigation about any injuries or conditions of maltreatment that the child(ren) exhibit as a result of substantiated maltreatment.

CODES: See below.

EDITS: Must be a valid code.

NOTES: This element has four areas to enter a code. Code any injuries or conditions that a child(ren) exhibits as a result of substantiated maltreatment identified from current investigation.

DEFINITION: Injuries or conditions of maltreatment include physical or emotional effects of maltreatment or other conditions which occur as a result of child abuse or neglect.

CODES:

- 16 Bruising
- 17 Burn / scald
- 18 Cut / laceration / bite
- 19 Injury to head - defined as concussion / subdural hemorrhage / hematoma / skull fracture

- 25 Dislocation / sprain / bone fracture
- 26 Internal injury
- 27 Permanent brain damage
- 28 Permanent impairment

- 35 Fatality

- 46 Emotional and / or behavioral problems; e.g., anxiety, aggressiveness, withdrawal, self-destructive behaviors, depression, eating disorder, pseudomaturity, regression, parentified, sexually acting out behaviors
- 47 Developmental delays due to deprivation, lack of stimulation, or from physical / emotional maltreatment

- 57 Genital area bruising, red or swollen genitals, fissures / tears in vagina / anus
- 58 Sexually transmitted disease
- 59 Pregnancy

- 74 Serious lack of hygiene
- 75 Untreated illness or injury / lack of needed medical care
- 76 Failure to thrive
- 77 Malnutrition
- 78 Exposure to elements / or environmental hazards

- 79 Other indicator / injury

- 80 No indicators / injuries observed

- 88 Unable to locate child(ren)

MEDICAL ATTENTION (Field 23)

REQUIRED

ENTER: The code representing whether or not the child received medical attention or medical evaluation in response to child abuse or neglect.

CODES: Y = Yes
N = No

EDITS: Must be a valid code.

NOTES: This does not include medical attention purely for the purpose of gathering evidence.

DEFINITION: This code designates whether or not the child received medical treatment or assessment in response to maltreatment.

PRIOR ABUSE OR NEGLECT (Field 24)

REQUIRED

ENTER: The code representing whether or not there is a record of concern or of previous maltreatment of this child or for other children in the family.

CODES: Y = Yes
N = No
U = Unable to determine

EDITS: Must be a valid code.

NOTES: Use “unable to determine” when the family has recently moved and there may be no access to previous records.

DEFINITION: This code designates whether or not the family’s record indicates prior maltreatment or some indication of circumstances or conditions that justified a belief that maltreatment was likely to occur prior to this allegation.

MALTREATER RELATIONSHIP (Alleged or Actual Maltreater) (Field 25)

REQUIRED

ENTER: A two digit code to designate the maltreater's or reported maltreater's relationship to the child.

CODES: See next page.

EDITS: Must be a valid code.

NOTES: For each maltreater (A, B, or C) who is an actual or reported maltreater of abuse or neglect of this child, enter the code for the relationship of the maltreater to the child.

DEFINITION: This is the relationship of the maltreater or reported maltreater to this child. The CPS Investigation Standards recognize that the role of CPS is different in cases of maltreatment by parents versus people outside the family. See the CPS Investigations Standards for additional discussion of the relationship of the maltreater to the child.

MALTREATER RELATIONSHIP CODES

Primary Caregivers

- 11 Parents
- 16 Step-parent
- 50 Partner or friend of parent / sharing or intermittently sharing a child's dwelling
- 51 Siblings, Step-siblings
- 52 Other close relatives or those sharing the child's dwelling

- 60 Foster parent
- 61 Individuals who share a foster home
- 62 Other primary caregiver

Child in Need of Services

- 66 *Child in family NM (Not Mature)*
- 67 *Child in foster home NM*
- 68 *Child in other licensed facility NM*
- 69 *Other child NM*

The above codes (66-69) are to be used in cases where it is determined that the child alleged to be the maltreater is not mature (due to chronological age or development) and therefore it would not be appropriate to name them as a maltreater. Utilizing this code will indicate that the alleged child was involved and may need services, but will not substantiate them as a maltreater. A substantiated finding will reflect that an incident occurred with an identified victim, but not maltreater. Identifying information pertaining to this child should still be recorded in Fields no. 13-15. Refer to Example No. 7 in the addendum for further illustration.

**These codes (66-69) are only to be used when substantiating an allegation of maltreatment. If upon assessment the allegations are unsubstantiated, the CFS-40 should be coded using Maltreater Relationship Codes other than 66-69. For example: 93-Peer maltreater; 91-Neighbor.*

MALTREATER RELATIONSHIP CODES - continued

Secondary Caregivers

Child care provider in:

- 70 Licensed day care center
- 71 Certified family home provider
- 72 Non-certified family home provider
- 73 Child care provider in home of child; e.g., babysitter, nanny, family friend or neighbor who is caring for child

- 80 Teacher / Other school employee
- 81 Staff at a child caring institution or other residential care facility
- 82 Staff at a juvenile correction facility
- 83 Youth organization staff or volunteer, scout leader, 4-H, etc.

- 84 Relative / not sharing child's dwelling; e.g., aunt, uncle, cousin, etc.

- 85 Other secondary caregiver

Non-Caregiver

- 90 Stranger
- 91 Neighbor
- 92 Family friend

- 93 Peer maltreater
- 94 Mutual contact - Note: In cases of mutual contact or mutual sexual activity, leave the maltreater information area (lines 13, 14 and 15) blank; use code "94", mutual contact in this Field (25) and enter child information in lines (17, 18, 19 and 20). Each CFS-40 form should contain information pertaining to only one child / family unit. Therefore, if contact involves children from different families a separate CFS-40 form should be completed for each child involved.

- 65 Other non-caregiver
- 98 *Maltreater not verified (To be used in situations where alleged maltreater was not interviewed by CPS or law enforcement.) Remember that allegations of abuse or neglect can be substantiated if there is a preponderance of the evidence that maltreatment of the child occurred. This means that an allegation can be substantiated without interviewing the alleged maltreater. However, all agency records should NOT indicate a certain person as a maltreater. Refer to Numbered Memo DCFS 99-12, Case Finding Determinations in Child Abuse and Neglect.*
- 99 Unknown

INVESTIGATION DISPOSITION (Field 26)

REQUIRED (1st)

REQUIRED IF APPLICABLE (2nd - 4th)

ENTER: A two digit code(s) which describes the action taken by Child Protective Services as a result of the investigation.

CODES: See below.

EDITS: Must be a valid code.

NOTES: This element has four areas to enter a code. One entry is required. Other entries need to be made only if there are other dispositions that apply to the investigation.

DEFINITION: This is the action(s) the agency took as a result of the investigation of the current alleged maltreatment. Note: For code "31" - Law enforcement involvement or referral to law enforcement. This refers to any involvement by law enforcement in the investigation and not only as a result of the CPS investigation.

- 16 Case closed - no services necessary
- 17 Case closed - family refused services
- 18 Case closed - referred family for community services / family currently involved in community services
- 19 Case closed - cannot locate family members

- 24 Case opened - voluntary
- 25 Case opened - informal disposition (includes informal disposition agreement and consent decree)
- 26 Case opened - CHIPS petition
- 27 Other agency services - case already open for other (non-CPS) services or referred within agency for other (non-CPS) services
- 28 Case already open - active CPS case

- 31 Law enforcement involvement or referral to law enforcement

- 41 Agency initiated child abuse restraining order

ABUSE OR NEGLECT TYPE - FINDINGS (Field 28)

REQUIRED

ENTER: The two digit code(s) which represent the type(s) of abuse and / or neglect which was reported to the agency and also any type of maltreatment or conditions which justify a belief that maltreatment will occur based on the concerns and circumstances identified during the course of the investigation.

EDITS: Must be a valid code.

NOTES: Up to five entries may be made for each child if necessary. Each type reported or identified in the course of the investigation should be listed on a separate line for a particular child in Field 28. Field 28 codes are the same codes as those for the Abuse / Neglect Reported element (Field 6). A decision should be made and documented for each type of maltreatment alleged. Use Field 30 to document findings for Field 28. For example, if a person reports suspected neglect of a child, a code should be entered in Field 6 for type of maltreatment alleged in Field 28. Field 28 should have a finding in Field 30 for this allegation. If in the course of the investigation the agency discovers another type of maltreatment or discovers conditions that justify a belief that abuse or neglect is likely to occur, then a code for this discovery should be entered in Field 28 with a finding in Field 30.

DEFINITION: This is the type of maltreatment reported to your agency as well as any other type of maltreatment discovered during the course of the investigation. For more information on definitions for maltreatment consult Wisconsin Statutes 48.981 Child Abuse and Neglect Reporting Law and the Division of Community Services policy memo on "Substantiation of Child Maltreatment" issued in Spring 1996.

CODES: TYPE OF MALTREATMENT - AGENCY FINDINGS

Child Abuse

Physical Abuse

11 Physical abuse

Child Sexual Abuse

21 Sexual contact / intercourse

22 Sexual exploitation

23 Prostitution

24 Forced viewing of sexual activity

25 Mutual sexual activity involving minor(s) (Indicates no specific maltreater)

26 Other sexual abuse (i.e.; Ch. 948-10 - Exposing genitals or pubic area)

Emotional Damage

41 Emotional damage

Child Neglect

31 Neglect; e.g., general lack of care, medical care, hygiene, unsafe or unhealthy living conditions, nutrition, shelter

32 Medical neglect of a disabled infant (Baby Doe)

33 Lack of supervision; e.g., leaving a child alone or with an inadequate caretaker

34 Abandonment

35 Failure to thrive

ABUSE OR NEGLECT TYPE - FINDINGS (Field 28) - continued

Circumstances and Conditions That Justify a Belief That Abuse or Neglect is Likely to Occur

- 51 Circumstances and conditions that justify a belief that abuse or neglect is likely to occur.
- 61 Unborn child abuse

MALTREATER INVOLVED (Field 29)

REQUIRED

ENTER: A check mark in the appropriate column (A, B, or C) to identify the maltreater(s).

EDIT: Must be at least one per line.

DEFINITION: This indicates which maltreater(s) are involved in this reported or subsequently discovered type of maltreatment.

FINDINGS (Field 30)

REQUIRED

ENTER: The appropriate code for the agency's finding following the completion of the investigation.

Determinations for Abuse and Neglect:

S = Substantiated

U = Unsubstantiated

N = Not able to located sources of information / subjects of the report.

Avenues to obtain critical information have been exhausted. Report is unsubstantiated due to inability to access critical sources of information.

Note: Use the "S", "U", or "N" code for the following:

11	physical abuse
21 - 25	all codes for sexual abuse
31 - 35	all codes for neglect
41	emotional damage

DEFINITION: Definitions for abuse and / or neglect findings include:

S = Substantiated	There is a preponderance of the evidence that abuse or neglect has occurred.
U = Unsubstantiated	There is not a preponderance of the evidence that abuse or neglect has occurred or evidence gathered lends weight to the belief that abuse or neglect did not occur.
N = Critical Sources of Information Not Accessible - Unsubstantiated	Critical sources of information necessary for a preponderance of evidence cannot be found or accessed, and avenues to obtain critical information have been exhausted. This determination is reserved for only those cases in which the agency is not able to locate critical sources of information as when subjects of the report cannot be located and / or accessed. This is not to be used because an alleged maltreater denies responsibility or individuals offer conflicting accounts of the maltreatment.

Note: Mutual Sexual Activity
(Code 25)

The following is a definition and instructions for documenting substantiated or unsubstantiated mutual sexual activity.

Substantiated Mutual Sexual Activity = there is a preponderance of the evidence that sexual contact or sexual intercourse occurred which was mutual and had no aspects of assault, coercion or exploitation.

If mutual sexual activity occurred, there is no maltreater, therefore, maltreater information area (Fields 13-15) should be left blank. Field 25 - Maltreater Relationship - should contain the code "94" to indicate mutual sexual activity involving minors.

Each CFS-40 form should contain information pertaining to only one child / family unit. Therefore, if a referral is received concerning mutual sexual activity between two children under the age of 16 from different families, a separate CFS-40 form should be completed for both children involved. Information pertaining to the child(ren) in one family unit should be placed in Fields 17-20. In Field 29 - Maltreater Involved - the code of "94" (Mutual sexual activity) should be placed in one of the boxes under columns A, B or C (it does not matter as you are not identifying or associating the contact to any maltreater).

Please refer to Addendum for further clarification and case examples related to mutual sexual activity.

DETERMINATIONS FOR CONDITIONS OR CIRCUMSTANCES THAT JUSTIFY A BELIEF THAT ABUSE OR NEGLECT IS LIKELY TO OCCUR (Code 51)

L	= Likely to occur	There is a preponderance of the evidence that justifies a belief that abuse or neglect is likely to occur.
NF	= Not found likely to occur	There is not a preponderance of the evidence that justifies a belief that abuse or neglect is likely to occur, or evidence gathered lends weight to the belief that the likelihood of abuse or neglect is not significant or is low.
N	= Critical sources of information necessary for a preponderance of evidence cannot be found or accessed, and avenues to obtain critical information have been exhausted	This determination is reserved for only those cases in which the agency is not able to locate critical information as when subjects of the report cannot be located and / or accessed. This is not be used because an alleged maltreater denies responsibility or individuals offer conflicting accounts of the maltreatment.

Use code 51-Conditions or Circumstances that justify a belief that abuse or neglect is likely to occur in the following circumstances:

- the report alleges that the child(ren) has been threatened with abuse or neglect by parental / caretaker behavior and / or conditions in the home, or
- the social worker investigating a report of abuse or neglect discovers parental / caretaker behavior and / or conditions in the home that support a belief that abuse or neglect is likely to occur.

Use L, NF and N determinations for Circumstances / Conditions that justify a belief that abuse or neglect is likely to occur. Do not use the determinations Substantiated (S) or Unsubstantiated (U) for Code 51, Conditions or Circumstances that Justify a Belief that Abuse or Neglect is Likely to Occur. Only use the determinations L, NF, or N for this code.

NOTE: As indicated in the policy memo on Substantiation regarding Determining That Abuse or Neglect is Likely to Occur, s. 48.981 (3)(c)4., states: "...The county department shall determine, within 60 days after receipt of a report, whether abuse or neglect has occurred or is likely to occur." Additionally the statutes require that certain persons report when they have "...reason to believe that a child seen in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur...", s. 48.981(2). The statutes do not specifically require, however, that the worker make a determination as to whether a threat occurred...", s. 48.981 (3)(c)4. For more discussion regarding making this determination see the policy memo on Substantiation.

For more guidance on determining findings for child abuse and neglect see the DCS-Memo Series on Substantiation issued on Spring 1996.

SIGNATURE (Field 31)

REQUIRED

ENTER: The signature of the worker's supervisor or person who is designated by the agency to sign to indicate approval of the process and decision-making as indicated in the "Wisconsin CPS Investigation Standards."

ADDENDUM

Mutual Sexual Activity

In order for counties, the state and the federal government to have a clear and accurate picture of the incidence of harm to children, cases of mutual sexual activity involving children are to be coded differently on the CFS-40 form than cases of sexual assault of children. Wisconsin Statutes define sexual contact or intercourse with a child 15 years of age or less as sexual abuse; consent in these cases is irrelevant from a legal perspective. However, consent is relevant for understanding the incidence of harm to children and determining the need for intervention and services, as well as for purposes of correct coding of mutual sexual activity between minors on the CFS-40 form. For these reasons, cases of mutual sexual activity are to be coded differently than cases of sexual assault.

Mutual sexual activity is defined as sexual contact or sexual intercourse (regardless of age), that is mutual and has no aspects of assault or coercion or exploitation.

In assessing allegations of sexual contact / intercourse, county departments must make a substantiation determination of whether or not sexual contact / intercourse occurred. Further determination needs to be made regarding whether or not the contact / intercourse was mutual. If the county department determines that mutual sexual activity occurred, then no person is identified in the record as the maltreater, regardless of age. Subsequently, documentation on the CFS-40 form should reflect the same information.

Under Wisconsin Statutes consensual sexual activity involving 16 and 17 year olds is not child abuse; therefore, they need not be assessed. Counties have a responsibility to assess sexual contact / intercourse only if one or more of the people involved is under the age of 16. (However, if it is alleged that any child involved was physically injured during the contact the agency must assess the situation as related to the injured child, regardless of age.) Therefore, if a referral is received concerning mutual sexual activity involving a 16 or 17 year old and another child 15 years old or younger, only the child 15 years old or younger is assessed. Furthermore, with cases of mutual sexual activity, only information pertaining to the child 15 years old or younger should be documented on the CFS-40 form.

It is also possible for counties to determine that sexual contact between a child 15 years old or younger and a person 18 years old or older was mutual sexual activity. A thorough assessment is needed to determine the dynamics of the relationship and the functioning ability of the parties involved. Careful consideration should be given in these cases in determining the true mutuality of the contact. Relationships must be void of any exploitation. Children may feel pressured into having sexual contact due to dynamics in a relationship. This pressure may not take on the form of force or threat, so it needs careful and thorough assessment by the worker. Age difference is another factor to take into consideration. Many communities have adopted a four year age difference as a guideline for determining sexual abuse. However, it is important to take into account social, emotional and intellectual age as well as chronological age when making these determinations.

Accurate Documentation

Since the purpose of the CFS-40 form is to accurately document CAN allegations, findings and services provided to children and families, **it is imperative that each CFS-40 form contain information pertaining to only one child / family unit.** Therefore, if a referral is received concerning mutual sexual activity between two children under the age of 16 from different families, a separate CFS-40 form should be completed for each child involved. This ensures that information pertaining to each child / family involved will be clearly reflected and there will be no compilation of duplication information. *Refer to attached case examples 3, 4 and 5 for further illustration.*

Since information pertaining to family units will now be gathered, there may be more than one CFS-40 form completed concerning the same incident. Counties are encouraged to devise their own system to track this for their own purposes. For example, counties may decide to give the same CAN investigation ID number to two CFS-40's because they concern the same referral incident. In order to keep this information clear for its own records, a county may wish to designate one as case A and the other as B.

Information both reported **and** discovered during assessment needs to be documented in the record. Therefore, the actual allegations that were reported to the agency, as well as any additional findings identified during assessment must be recorded on the CFS-40 form. If a reporter expresses concerns regarding sexual abuse, this information **must** be documented on the intake form, as well as on the CFS-40 form in Field no. 6 (A/N type - code "21"). Fields no. 13 through no. 15 (Maltreater Information) should include information pertaining to the alleged maltreater; information pertaining to the alleged victim should be documented in Fields no. 17 through no. 30 (Child and Incident Information). The finding of this allegation must be reflected in Fields no. 28 (A/N type) and no. 30 (Findings). Information in fields no. 25 (Maltreater Relationship) and no. 29 (Maltreater Involved) must be consistent with Field no. 13 (Maltreater Information).

If upon assessment of an allegation of sexual abuse a determination is made that sexual contact / intercourse occurred, but that it was mutual in nature, then this finding would **also** go into the record and be reflected on the CFS-40 form. The information and substantiation decision concerning the allegation of sexual abuse would be documented as noted above. Also on the same form, information indicating that mutual sexual activity occurred would be documented. A code of "25" (Mutual sexual activity between minors) would be placed in Field no. 28 (A/N type) and a substantiation in Field no. 30 (Findings) for each child (age 15 or younger) involved (if they are in the same family). In Field no. 29 (Maltreater Involved), there is no maltreater because the activity is mutual. Therefore no checks are placed under columns A, B, or C. However, "94" (Maltreater Relationship - Mutual Sexual Activity) should be placed in one of the boxes to further clarify the contact and relationship. **Note: Only information about the abuse / neglect type that was reported to have occurred is placed in Field no. 6. If further information is discovered upon assessment, these allegations and the findings are placed in Fields no. 25 (Maltreater Relationship), no. 28 (A/N type) and no. 30 (Findings). Also no. 29 (Maltreater Involved), if applicable.*

Example: A reporter calls alleging sexual abuse to a 15 year old by a 16 year old. Upon assessment it is determined that the activity was consented to by both parties. To accurately reflect this information on the CFS-40 form, the worker needs to document both the referral allegation, and the finding upon assessment. The code "21" (sexual contact / intercourse) should be placed in Field no. 6 (A/N type). Based upon this allegation, information pertaining to the 16 year old should be contained in Fields no. 13 to 15 (Maltreater Information) and information pertaining to the 15 year old in Fields no. 17 to 30 (Child and Incident Information). The finding in Field no. 30 (Findings) for sexual assault ("21") would be unsubstantiated (U). It is then necessary to clearly document the finding that "mutual sexual activity" occurred. To reflect this accurately, only information relating to mutual sexual activity pertaining to the 15 year old should be documented, since CPS does not have a responsibility to assess mutual sexual activity of children 16 years of age or older. In Field no. 25 (Maltreater Relationship), the code of "94" (Mutual sexual activity) should be used. (This is the **ONLY** instance in which this code can be used.) In Field no. 28, the code of "25" (Mutual sexual activity between minors) must be documented with a substantiated finding in Field no. 30 (Findings). *Refer to the attached case sample (Example 1) CFS-40 form detailing this information.*

If a case similar to the one described above was received involving sexual activity between a 15 year old and an 18 year old (and all the other information was the same), the information would be recorded on the CFS-40 form in exactly the same way.

Findings

Based upon information gathered during the initial assessment, a determination must be made as to whether or not maltreatment occurred. A finding of "N" - *Critical Sources of Information Not Accessible - Unsubstantiated* cannot be used simply because a worker is struggling to make a decision. A thorough assessment of the information gathered must be done in order to reach a decision. This finding is to be used only in situations where a critical source of information cannot be found or accessed, and avenues to obtain this information have been exhausted.

If the agency makes a finding that abuse / neglect is likely to occur, the code of "51" must be placed in Field no. 28 (A/N type) with a finding of "L" (Likely to Occur) in Field no. 30 (Findings). A finding of "L" can **only** be used with the code "51" and cannot be used with any other allegations of abuse or neglect. Refer to Numbered Memo DCFS 99-12 (Case Finding Determinations in Child Abuse and Neglect) or the CFS-40 instructional booklet for further information regarding findings.

QUESTIONS AND ANSWERS

Q. When a referral is received concerning two children from different families having sexual contact / intercourse with each other, should the information be written on separate intake forms (one for each child)? Also, when documenting the information received at intake, as well as the substantiation decision on the CFS-40 form, should the information obtained be reflected on one CFS-40 form or on a separate form for each child / family involved?

A. Since the purpose of CPS involvement is to determine the child or family's need for protection or services, a separate referral and intake form should be written for each child / family unit involved. Similarly, information pertaining to each child / family unit should be reflected and documented on separate CFS-40 forms. The information on the CFS-40 form reflects not only what decision was made with regard to the allegation, but also information pertaining to family functioning and services provided to that child and family.

**NOTE: In cases of mutual sexual activity, information is only recorded on children 15 years old or younger. Therefore, if a report is received alleging mutual sexual activity between a 16 or 17 year old and a child 15 years old or younger, only one CFS-40 form is completed to reflect the information pertaining to the child age 15 or younger. More is discussed on this later.*

Q. If a call is received by the county and the only information reported is that two children (two 15 year olds or even a 14 year old and a 17 year old) are having sex, is the worker to assume that the reporter is alleging abuse and write it up as abuse (one victim, one maltreater), or should the worker assume, unless it is specifically stated that one child is abusing the other, that the contact is thought to be mutual (a referral written for each child / family involved)?

A. It is the responsibility of the intake worker to elicit as much information as possible from the reporter to aid in the screening decision process. Therefore, the intake worker needs to carefully question the reporter regarding the information the reporter has concerning the contact (e.g., how the reporter came to know this, any details) and the reporter's impressions and concerns regarding the contact. **Unless specifically reported** that one child has abused another, a referral should be written on each child (under the age of 15) involved and each family assessed for the need for services.

Q. How do I accurately code mutual sexual activity on the CFS-40 form?

A. If at the point of intake it is reported that mutual sexual activity occurred, the code of "25" (Mutual sexual activity between minors) is placed in Field no. 6 (A/N type). Remember that CPS only assesses mutual sexual contact involving children aged 15 years or younger. This means that if a report is received alleging that a 15 year old and a 16 year old engaged in mutual sexual activity, only the 15 year old is assessed. Subsequently, only information pertaining to the 15 year old is reflected on the CFS-40 form. Therefore, in this situation, information pertaining to the 15 year old would be placed in Fields no. 18 through no. 3 (Child and Incident Information). Fields no. 13 through no. 16 (Maltreater Information) are to be left blank in instances of mutual sexual activity (since there is no alleged maltreater). In cases of mutual sexual activity, a code of "94" (Mutual Sexual Activity) is to be placed in Field no. 25 (Maltreater Relationship). This code is again to be placed in the corresponding box in Field no. 29 (Maltreater Involved) with a finding placed in Field no. 30 (Findings). [Since there is no alleged maltreater in cases of mutual sexual activity, no maltreater is checked or identified in Field no. 29 (Maltreater Involved).] The code of "94" (Mutual Sexual Activity) placed in a box only serves to further identify and clarify that the contact that occurred was mutual. The code of "25" (Mutual Sexual Activity) must also be placed in Field no. 28 (A/N type). If the two subjects involved in the mutual sexual activity are both under the age of 16 and are from separate families, a CFS-40 form is completed for each of them with only information pertaining to one child placed on each form. *Reference examples 3, 4 and 5 for further illustration.*

- Q.** If I receive a referral alleging sexual abuse, but upon assessment I find that the contact that occurred was mutual sexual activity, how do I reflect this on the CFS-40 form?
- A.** Remember that the CFS-40 form is to document and reflect both the allegations received at intake and the findings upon assessment. In this case, the code of "21" (Sexual contact / intercourse) is to be placed in Field no. 6 (A/N type) [allegations made at the time of referral]. The name of the person alleged to be the maltreater and information pertaining to this person are to be placed in Fields no. 13 through no. 15 (Maltreater Information). Information pertaining to the alleged victim is to be placed in Fields no. 17 through no. 30 (Child and Incident Information). Field no. 30 (Findings) should contain a "U", (correlated with "21" (Sexual contact / intercourse) in Field no. 28 (A/N type)) since it was determined that abuse did not occur. Field no. 25 (Maltreater Relationship) must contain an appropriate relationship code. With allegations of sexual abuse, the code of "94" (Mutual Sexual Activity) **cannot** be used, since it **only** corresponds with the A/N type of "25" (Mutual Sexual Activity). By completing the CFS-40 form with the above information, you have clearly reflected the allegations in the referral (sexual abuse) and the decision made with regard to this.

However, you now need to clearly document the information you found during your assessment - that mutual sexual activity occurred. This information should be placed on the same CFS-40 form. In this instance, only information pertaining to any children 15 years old or younger should be documented. Remember that each CFS-40 form should only contain child information relating to children from one family. Information regarding children in separate families needs to be documented on separate CFS-40 forms. The information pertaining to this contact (mutual sexual activity) should be reflected in Fields no. 17 through no. 30 (Child and Incident Information). Fields no. 13 through no. 15 (Maltreater Information) are not completed in cases of mutual, sexual activity because there is no maltreater, however, in this case because it was alleged that sexual abuse occurred, information pertaining to this person is contained in Fields no. 13 through no. 15 (Maltreater Relationship). Code "25" (Mutual sexual activity) should be added in Field no. 28 (A/N type) with a finding of substantiated in Field no. 30 (Findings). The code of "94" (Mutual Sexual Activity) should be used in Field no. 25 (Maltreater Relationship) for all cases of mutual sexual activity. Remember to also place the code of "94" (Mutual sexual activity) in one of the boxes in Field "29" (Maltreater Involved). *Reference examples 1, 3 and 4 for further illustration.*

- Q.** If a referral is received alleging that an 11 year old sexually abused a 9 year old (non-familial), do I have to substantiate the 11 year old as a maltreater knowing that the 11 year old was the one to initiate and impose the contact on the 9 year old? If not, how do I accurately document that the 9 year old was abused without substantiating the 11 year old as the maltreater?
- A.** Counties are not required to substantiate a particular person as a maltreater. Careful consideration should be given when making these individual decisions. Remember that due to a child's age, maturity and development, it may be inappropriate to substantiate a young child as a maltreater. *Refer to Numbered Memo DCFS 99-12 Case Finding Determinations in Cases of Child Abuse and Neglect for more specific information.* However, there are situations when it is appropriate and necessary to identify a child as a maltreater. Some conditions that raise considerable concern are children with sexually aggressive behaviors and children whose behaviors present as dangerous. In these situations, in order to assure services to the maltreater and provide protection to others, it may be necessary to identify a child as a maltreater.

If it is found that contact that was not mutual did occur, but a child is not being substantiated as a specific maltreater due to age, maturity and / or development, this should be clearly documented in the record, as well as on the CFS-40 form. To accurately document this information on the CFS-40 form, Fields no. 13 - no. 15 (Maltreater Information) should be completed with the information on the alleged maltreater (child involved in the contact). Information pertaining to the alleged victim should be contained in Fields no. 17 through no. 30 (Child and Incident Information). Field no. 25 (Maltreater Relationship) should contain one of the new codes under the heading of "Child in Need of Services." (Refer to CFS 40-I, "Child Abuse and Neglect Investigation Report Instructions" booklet and the codes on the back of the CFS-40 form.) In the above case, the correct code to place in Field no. 25 (Maltreater Relationship) would be "69" [Other child

NM (Not Mature)]. The reasons and justification for this decision should be fully explained in the record. *This is further illustrated in case example no. 7.*

The following examples give case specific information and demonstrate how to accurately document information on the CFS-40 form.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT
INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 4 1 7 0 1	5 Reporter 12	6 A / N Type 21	9 Date - Investigation Completed 0 5 0 7 0 1	11 Local Information XXXXX
7 Date - Face to Face Initial Contact 0 4 1 9 0 1	8 Family Characteristics / Conditions 88		10 Family Safety Services 88	

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
Mike Smith	A	16	M	W
	B			
	C			

EXAMPLE 1

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	15	F	W	N	88			80			N	N	93	94		16	31		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)								
		A	B	C				A	B	C									
01 Sarah Jones	21	X			U	04													
	25		94		S														
02						05													
03																			

SIGNATURE - Supervisor

EXAMPLE 1

A referral is received alleging sexual abuse to a 15 year old female by a 16 year old male. Upon assessment it is found that abuse did not occur, but mutual sexual activity did occur.

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1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 1 2 4 0 1	5 Reporter 11	6 A / N Type 25
7 Date - Face to Face Initial Contact 0 1 2 8 0 1	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 0 2 1 4 0 1	10 Family Safety Services 88
--------------------------------------------------------	----------------------------------------

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
	A			
	B			
	C			

EXAMPLE 2

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	14	F	W	Y	88			80			N	N	94			16	31		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01 Susie Smith		25	94			S	04												
02							05												
03																			

SIGNATURE - Supervisor

EXAMPLE 2

A referral is received indicating that a 14 year old female and a 17 year old male are engaging in mutual sexual activity. Upon assessment it is found that mutual sexual contact did occur.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

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CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT INVESTIGATION REPORT

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1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 7 0 7 0 1	5 Reporter 91	6 A / N Type 21
7 Date - Face to Face Initial Contact 0 7 0 8 0 1	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 0 7 1 9 0 1					
10 Family Safety Services 88					

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
Kevin Williams	A	15	M	B
	B			
	C			

EXAMPLE 3-A

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	14	F	B	N	88			80			N	N	93	94		16	31		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)								
		A	B	C				A	B	C									
01 Kim Jones	21	X			U	04													
	25		94		S														
02						05													
03																			

SIGNATURE - Supervisor

EXAMPLE 3A

A referral is received alleging sexual abuse to a 14 year old female by a 15 year old male. Upon assessment it is found that abuse did not occur, but mutual sexual activity did occur. With regards to the mutual sexual contact, both children involved are under the age of 16; therefore CPS must assess both children. Also, as the children are both from separate families, a CFS-40 form must be completed for each child to reflect the mutual sexual activity.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

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CHILD ABUSE AND NEGLECT INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 7 0 7 0 1	5 Reporter 91	6 A / N Type 25
7 Date - Face to Face Initial Contact 0 7 0 8 0 1	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 0 7 1 9 0 1	10 Family Safety Services 88
--------------------------------------------------------	----------------------------------------

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
	A			
	B			
	C			

EXAMPLE 3-B

CHILD INFORMATION																				
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition				
													A	B	C					
01	15	M	B	N	88			80				N	N	94			16	31		
02																				
03																				
04																				
05																				

INCIDENT INFORMATION Note: L and NF for use with code 51 ONLY															
27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)				
		A	B	C				A	B	C					
01 Kevin Williams	25	94			S	04									
02						05									
03															

SIGNATURE - Supervisor

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT
INVESTIGATION REPORT

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1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 1 0 0 1 0 1	5 Reporter 83	6 A / N Type 21
7 Date - Face to Face Initial Contact 1 0 0 3 0 1	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 1 0 2 9 0 1	10 Family Safety Services 88
--------------------------------------------------------	----------------------------------------

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
Lisa Reynolds	A	13	F	W
Karen Wright	B	12	F	W
	C			

EXAMPLE 4-A

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	10	M	W	N	88			80			N	N	93	93	94	18	31		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code	28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)								
		A	B	C				A	B	C									
01 John Roth	21	X			S	04													
	21		X		U														
	25			94	S														
02						05													
03																			

SIGNATURE - Supervisor

Example 4-A

A referral is received alleging sexual abuse to a 10 year old male by a 13 year old female and a 12 year old female. Upon assessment, it is found that sexual abuse to the 10 year old male by the 13 year old female did occur. Sexual abuse to the 10 year old male by the 12 year old female did not occur, however, it was found that mutual sexual activity occurred between the 10 year old male and the 12 year old female. * Remember, because these children are not from the same family unit, a separate CFS-40 must be completed for each child alleged and / or found to have been abused / neglected.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 1 0 0 1 0 1	5 Reporter 92	6 A / N Type 25
7 Date - Face to Face Initial Contact 1 0 0 3 0 1	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 1 0 2 9 0 1	10 Family Safety Services 88
------------------------------------------------------------------	----------------------------------------

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
	A			
	B			
	C			

EXAMPLE 4-B

CHILD INFORMATION																				
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition				
													A	B	C					
01	12	F	W	N	88			80				N	N	94			18	31		
02																				
03																				
04																				
05																				

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01 Karen Wright		25	94			S	04												
02							05												
03																			

SIGNATURE - Supervisor

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT INVESTIGATION REPORT

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1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 5 2 9 0 1	5 Reporter 86	6 A / N Type 25
7 Date - Face to Face Initial Contact 0 6 0 2 0 1	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 0 6 1 0 0 1
10 Family Safety Services 88

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
	A			
	B			
	C			

EXAMPLE 5-A

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	14	M	W	Y	88			80			N	N	94			16	31		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01 Jesse Mitchell		25	94			S	04												
02							05												
03																			

SIGNATURE - Supervisor

Example 5-A

A referral is received alleging mutual sexual activity between a 14 year old male and a 15 year old female. The two are from different family units. Upon assessment it is found that mutual sexual activity did occur. As these children are from different family units, a separate CFS-40 form is completed for each child. The information contained in the CFS-40 form only reflects information pertaining to children from the same family unit.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 5 2 9 0 1	5 Reporter 86	6 A / N Type 25
7 Date - Face to Face Initial Contact 0 6 0 2 0 1	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 0 6 1 0 0 1
10 Family Safety Services 88

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
	A			
	B			
	C			

EXAMPLE 5-B

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	15	F	A	N	88			80			N	N	94			16	31		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01 Lynn Vang		25	94			S	04												
02							05												
03																			

SIGNATURE - Supervisor

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT
INVESTIGATION REPORT

Completion of this form is required by s. 48.981, Wisconsin Statutes. This form is to be sent to the Division of Supportive Living/AO-IS Unit **immediately** upon completion of the investigation. Investigations are to be completed within 60 days from receipt of report.

1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 9 1 7 0 1	5 Reporter 11	6 A / N Type 25	9 Date - Investigation Completed 1 0 0 7 0 1	11 Local Information XXXXX
7 Date - Face to Face Initial Contact 0 9 2 0 0 1	8 Family Characteristics / Conditions 88		10 Family Safety Services 88	

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
	A			
Jack Martin	B	16	M	W
	C			

EXAMPLE 6

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	14	F	B	Y	88			80			N	N				18	16		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01 Lucy Caicedo	25	94			U	04													
	21	X			S														
02						05													
03																			

SIGNATURE - Supervisor

Example 6

A referral is received alleging mutual sexual activity between a 14 year old female and a 16 year old male. An assessment is initiated and upon interviewing the 14 year old, it is found that the contact was not mutual, but forced. The conclusion of the assessment finds that mutual sexual activity did not occur, but sexual abuse did.

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-40 (Rev 12/2001)

STATE OF WISCONSIN

CHILD ABUSE AND NEGLECT
INVESTIGATION REPORT

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1 CAN investigation ID XXXXX	Indep. Invest. <input type="checkbox"/>
2 Worker Number XXXXX	
3 Reporting Unit XXXXX	

4 Date - Report Received 0 4 1 6 0 1	5 Reporter 83	6 A / N Type 21
7 Date - Face to Face Initial Contact 0 4 1 6 0 8	8 Family Characteristics / Conditions 88	

9 Date - Investigation Completed 0 5 0 5 0 1	10 Family Safety Services 88
--------------------------------------------------------	----------------------------------------

11 Local Information XXXXX

MALTREATER INFORMATION				
	12 Code	13 Age	14 Sex (M / F / U)	15 Ethnic Code
Jamal Jenkins	A	11	M	B
	B			
	C			

EXAMPLE 7

CHILD INFORMATION																			
16 Child Code	17 Age	18 Sex (M / F / U)	19 Ethnic Code	20 Hispanic or Latino (Y / N)	21 Disability			22 Injuries or Indicators of Maltreatment			23 Med Attn. (Y / N)	24 Prior A / N (Y / N / U)	25 Maltreater Rel.			26 Investigation Disposition			
													A	B	C				
01	9	F	B	N	88			80			N	N	69			18	31		
02																			
03																			
04																			
05																			

INCIDENT INFORMATION										Note: L and NF for use with code 51 ONLY									
27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)	27 Child Code		28 A / N Type	29 Maltreater Involved			30 Findings (S / U / N) (or L / NF)						
			A	B	C					A	B	C							
01 Shara Young		21	X			S	04												
02							05												
03																			

SIGNATURE - Supervisor

Example 7

A referral is received alleging sexual contact to a 9 year old female by an 11 year old male. Upon assessment it is found that the 11 year old male did initiate and impose the contact, therefore it was not mutual. However, even though there may have been elements of sexual gratification and humiliation, given the 11 year old's maturity and development it was determined that the contact was not done with a maturely formed concept and understanding of the actions. Therefore, the 11 year old male should not be substantiated as a maltreater, but identified as a child who may need services. As the assessment found that contact occurred, sexual contact is substantiated.